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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application of)
AIKI et al.) Unit 2841
Application Number: 10/022,732) Examiner
Filed: December 20, 2001) Dinh, Tuan T.
For: SEMICONDUCTOR INTEGRATED CIRCUIT DEVICE)
ATTORNEY DOCKET NO. HIT.A.0141)

**Honorable Assistant Commissioner
for Patents
Washington, D.C. 20231**

COVER LETTER

Sir:

[x] The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS PAID	RATE	CALCULATION
Total Claims	22	20	² (Over 20)	x \$50	100.00
Independent Claims	3	3	(Over 3)	x \$200	0
MULTIPLE DEPENDENT CLAIM(S)				+ \$360	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28). IF APPLICABLE, VERIFIED STATEMENT MUST BE ATTACHED				x ½	
				TOTAL	100.00

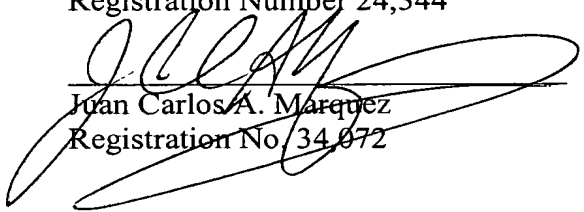
In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Response to Office Action
(with Claim Amendments) | <input checked="" type="checkbox"/> Petition for Extension of Time (1 month) |
| <input type="checkbox"/> Substitute Spec. & marked-up copy | <input type="checkbox"/> Terminal Disclaimer |
| <input type="checkbox"/> Preliminary Amendment | <input type="checkbox"/> Letter to Draftsperson w/ pages of drawings |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Assignment |
| | <input type="checkbox"/> Declaration of one skilled in the art |

- [] Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for . A duplicate copy of this paper is enclosed.
- [x] Checks in the amount of **\$120.00** for the petition fee and **\$100.00** for excess claims fee are enclosed.
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

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